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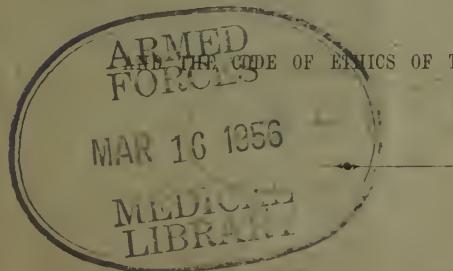
Dubuque Medical Society,

TOGETHER WITH THE PROCEEDINGS OF THE  
FIRST ANNUAL MEETING  
OF THE

NORTH-WESTERN MEDICAL SOCIETY.

HELD AT

DUBUQUE, IOWA, JANUARY 11th, 1853;



W. A. ADAMS, PRINTER, NONPAREIL OFFICE, 56 MAIN STREET.

1858.



CONSTITUTION

AND

B Y - L A W S

OF THE

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OF THE

NORTH-WESTERN MEDICAL SOCIETY.

HELD AT

DUBUQUE, IOWA, JANUARY 11th, 1853;

AND THE CODE OF ETHICS OF THE SOCIETY.

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## PROCEEDINGS.

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At the annual meeting of the Dubuque Medical Society held January 13th, 1857, Drs. Benj. McCluer, J. C. Lay and T. O. Edwards, were appointed a committee to revise and re-publish the Constitution of the society.

At the annual meeting held January 12, 1858, the revision as reported by the committee was accepted and adopted by the society and the committee instructed to have printed the Constitution, By-Laws, Resolutions and accompanying papers pertaining to the history of the society.

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## PRELIMINARY MEETINGS.

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Agreeable to a call, signed by the physicians of the City of Dubuque, a meeting was held at the office of Dr. Kirkup in this city on the 4th of November, 1852, preparatory to the organization of a MEDICAL SOCIETY.

Dr. Sprague of Dubuque was called to the chair, and Dr. E. Kirkup appointed secretary.

A resolution, declaratory of the object of the meeting was adopted, and on motion, a committee of three was appointed by the chair, to draft a Constitution and By-Laws for the government of said proposed Medical Society.

The following persons were appointed said committee : Drs. G. W. RICHARDS, ASA HORR, and F. C. SMITH.

On motion, the meeting adjourned for one week.

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Nov. 11th, 1852.

Assembled agreeable to adjournment, and in the absence of Dr. Sprague, Dr. J. W. Finley was called to the chair.

The committee appointed to draft a Constitution and Code of By-Laws, submitted their report, which on motion, was accepted, and the committee discharged.

The report was, on motion, taken up article by article, read, discussed and amended, so as to meet the views of a majority present, and then laid upon the table, to be reported to a more general meeting, voted to be held at Dubuque, on the second Tuesday of January, 1853.

On motion, the secretary was authorized to procure printed circulars to be sent to the physicians of this and the surrounding counties, apprising them of the time and objects of said adjourned meeting, and inviting their co-operation.

On motion, adjourned to meet as above specified.

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Tuesday, Jan. 11, 1853.

The meeting assembled at the City Hotel, at the time specified, and was organised by choosing Dr. G. W. Richards of Dubuque, chairman, and Dr. F. Coleman Smith, secretary.

The proceedings of the preliminary meetings were read, and on motion, the Constitution and By-Laws referred to

in said proceedings, were taken up for the action of this meeting.

Some slight amendments were made, when, on motion, they were unanimously adopted, and are in the following words, to wit:

[APPENDED.]

After the adoption of the Constitution and By-Laws, the meeting resolved itself into a committee of the whole for the examination of diplomas, licenses, etc., and reported the following persons as possessing the requisite testimonials, each of whom came forward and subscribed to the Constitution:

G. W. Richards of Dubuque.	Harrison Holt of Dubuque.
R. S. Lewis	“ F. Coleman Smith “
Asa Horr	“ John W. Finley “
Thos. Scott	“ W. R. McMahan “
Rob't I. Thomas	“ A. E. Smith, Delaware Co.
John F. Ely, Linn County.	

The meeting then proceeded to the permanent organization of the NORTH-WESTERN MEDICAL SOCIETY, by the election of the following officers, for the ensuing year, viz:

PRESIDENT.

G. W. RICHARDS, DUBUQUE.

1ST. V. PRES.

JOHN F. ELY, LINN COUNTY.

2D. V. PRES.

HARRISON HOLT, DUBUQUE.

CORRESPONDING SEC.

ASA HORR, DUBUQUE.

RECORDING SEC.

F. COLEMAN SMITH, DUBUQUE.

TREASURER.

R. S. LEWIS, DUBUQUE.

CENSORS.

G. W. RICHARDS. ASA HORR. JOHN F. ELY.

After a brief but appropriate address from the presi-

dent, the society adjourned to meet at the office of Dr. Smith, to-morrow morning at 9 o'clock.

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Wednesday Morning, Jan. 12.

The society met according to adjournment, and was called to order by the president.

On motion, resolved, that when we adjourn, it be to meet in this city, on the first Tuesday, of June next, at 3 o'clock, P. M.

The President announced the following persons, as appointed to read essays before the society at its next meeting, viz:—Dr. JOHN F. ELY of Cedar Rapids, and Dr. G. D. WILBUR of Mineral Point, Wisconsin.

On motion, a committee was raised to report at the annual meeting, on the 1st Tuesday of January next, on the Medical Topography of this section of country. The committee consists of Drs. ASA HORR and HARRISON HOLT of Dubuque, and Dr. A. E. SMITH of Delaware County.

On motion, a committee was raised to report at the meeting in June next, on Endemic Diseases. The following persons compose this committee:—Drs. RICHARDS of Dubuque; NEWHALL of Galena; VAN DUSEN of Mineral Point; ANDROS of Garnavillo; SMITH of Hopkinton; and ELY of Cedar Rapids.

On motion of Dr. Horr, the code of Medical Ethics, of the National Medical Society, was adopted as the code of this society.

[APPENDED.]

On motion, Dr. HARRISON HOLT, of Dubuque, was appointed delegate to the National Medical Society, to be holden at New York city, on the 3d day of May next.

On motion, a committee was appointed to report the form of a seal and diploma for the society. The Presi-

dent appointed Drs. LEWIS, FINLEY and THOMAS, said committee.

On motion, ordered, that the proceedings of the meeting, together with the Constitution and By-Laws, and the Code of Ethics, be published in pamphlet form, and that a synopsis of the same be furnished to the publishers of the Western Medico-Chirurgical Journal, at Keokuk, and the North-Western Medical Journal, at Chicago, with a request that they publish the same.

Adjourned to meet at Dubuque, on the first Tuesday of June next.

G. W. RICHARDS, President.

F. COLEMAN SMITH, Rec. Sec.

# CONSTITUTION.

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## ARTICLE I.

This society shall be called the DUBUQUE MEDICAL SOCIETY.

## ARTICLE II.

All persons residing in Dubuque County, Iowa, on presenting satisfactory testimonials from any regular medical school or society, recognized as such by the American Medical Association, or on passing satisfactory examination before the Board of Censors of this society, shall by a vote of two-thirds of the members present be entitled to membership on signing the Constitution, and paying the initiation fee into the treasury.

## ARTICLE III.

The objects of this society shall be mutual improvement in the various branches of medical, surgical and pharmaceutical knowledge, and the promotion of friendly relations and unity of feeling among the members of the profession.

## ARTICLE IV.

The officers of this society shall be a *President*, two *Vice Presidents*, a *Corresponding*, and also a *Recording Secretary*, *Treasurer*, and *three Censors*, whose duties shall be defined in the By-Laws, and who shall be elected at the annual meeting in January, and hold their offices until others are elected. The officers shall be *elected by ballot*.

## ARTICLE V.

The society shall keep a common seal, and give to each of its members a sealed diploma of membership, signed by the president and secretary. The seal shall also be used on all official documents of the society.

## ARTICLE VI.

The annual meeting of the society shall be held on the Tuesday succeeding the first day of January, and the semi-annual meeting shall be held on the first Tuesday of July of each year.

## ARTICLE VII.

This society shall also hold regular meetings on the first Tuesday of each month during the year, and special meetings may be called by the president with the concurrence of one of the vice-presidents.

## ARTICLE VIII.

At each annual and semi-annual meeting of the society, at least two essays upon scientific subjects shall be read, by such persons as may have been appointed at a previous annual or semi-annual meeting for that purpose, by the president, copies of which shall be at the disposal of the society.

## ARTICLE IX.

Members may be expelled from this society at any regular meeting, for immoral or unprofessional conduct, by a vote of two-thirds of the members present—but a quorum for such a purpose shall consist of nine members.

## ARTICLE X.

The Constitution of this society may be amended at any annual or semi-annual meeting by a vote of two-thirds of the members present, *provided* that notice of such pro-

posed amendment shall be given at the annual or semi-annual meeting preceding such alteration. The By-Laws may be amended at any regular monthly meeting, by a vote of two-thirds of the members present, provided notice of the proposed amendment was given the month preceding the time of such alteration.

#### ARTICLE XI.

The code of medical ethics of the American Medical Association is adopted by this society.

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### B Y - L A W S .

I. Five members shall constitute a quorum for the transaction of business, but a less number may organize to adjourn.

II. The debates and proceedings of meetings shall be conducted according to parliamentary usage.

III. It shall be the duty of members of the society to cultivate the science of morbid anatomy by making post-mortem dissections in all proper cases, and by preserving morbid specimens for the benefit of the society. They shall also preserve a record of all important cases that may occur in their practice, and all facts of peculiar interest connected with the profession of medicine, and report the same.

IV. No *paper* read before the society shall be published without the consent of the author.

V. No member shall be subject to trial for misconduct according to article nine of the Constitution, until he shall have received notice in writing from the secretary, of the nature of the charges, and by whom made one month before trial, unless notice be waived by the party.

VI. No money shall be drawn from the treasury but by vote of the society approving an order signed by the president, and countersigned by the recording secretary.

VII. Honorary members may be elected at any regular meeting of the society, by a vote of two-thirds present.

VIII. It shall be the duty of the president to preside at all meetings of the society, but in his absence one of the vice presidents shall preside.

IX. It shall be the duty of the corresponding secretary to conduct the correspondence of the society.

X. The recording secretary shall keep a record of the proceedings of each meeting. He shall receive all the money of the society, pay the same to the treasurer, and take his receipt for it.

XI. The treasurer shall safely keep the funds of the society, subject to its orders as before specified, and shall submit a full statement of his accounts at each annual meeting.

XII. No person shall be admitted to an examination before the Board of Censors until he first present satisfactory evidence of good moral character, and that he has pursued the study of medicine for at least three years.

XIII. Candidates for membership shall be proposed at least one month preceding their admission.

XIV. The initiation fee, paid on admission to the society, shall be five dollars; and the yearly dues, to be paid by each member for the benefit of the society, shall be two dollars.

XV. Medical gentlemen not members of the society, may be invited to be present at the meeting of the society.

XVI. Non-professional persons shall not be present during the sessions of the society, except as witnesses in cases of trial of members, or when desired to give information respecting important cases.

XVII. The following shall be the order of business observed at annual meetings :

1. Roll of members called.
2. Reading proceedings of the last annual and semi-annual meetings.
3. Proposals for membership.
4. Admission of members.
5. Reading treasurer's report.
6. Reports of committees and unfinished business appearing on the record.
7. Reports of cases and interesting facts.
8. Miscellaneous business.
9. Essays.
10. Election of officers.
11. An address from the retiring president.

XVIII. Order of business to be observed at the monthly meetings of the society :

1. Roll of members called.
2. Reading proceedings of last meeting.
3. Proposals for membership.
4. Admission of new members.
5. Reading statistical report.
6. Report of committees and unfinished business appearing on the minutes.
7. Reports of cases and interesting facts.
8. Miscellaneous business.
9. Topics for discussion, essays and papers.

The following resolutions have been adopted by the society, viz :—

*Resolved*, That it shall be the duty of the Censors of this society, to examine all persons applying to the members of this society for situations in their offices as students of medicine, as to their possessing good moral and intellectual character, a good English education, a fair knowledge of English literature, and of the arts and sciences, and sufficient acquaintance with ancient languages as shall enable them to read current prescriptions, and if found worthy shall certify to the same. And no member shall admit into his office any person as a medical student who has not such a certificate.

*Resolved*, That the Dubuque Medical Society deem it a violation of the spirit of article 3 of chapter 2 of the Code of Medical Ethics, for the profession in their *advertisements* to state more than their name, profession, places of business and time for consultation or attendance.

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#### LIST OF OFFICERS

FROM THE FIRST ORGANIZATION TO THE PRESENT TIME.

##### 1853.

G. W. RICHARDS, *President*,  
 JOHN F. ELY, *1st Vice President*,  
 HARRISON HOLT, *2d Vice President*,  
 ASA HORN, *Corresponding Secretary*,  
 F. COLEMAN SMITH, *Recording Secretary*,  
 R. S. LEWIS, *Treasurer*,  
 G. W. RICHARDS, ASA HORN, J. F. ELY, *Censors*,  
 HARRISON HOLT, *Delegate to American Medical Association*.

##### 1854.

F. ANDROS, *President*,  
 R. S. LEWIS, *1st Vice President*,  
 W. R. McMAHAN, *2d Vice President*,  
 R. I. THOMAS, *Corresponding Secretary*,

E. COLEMAN SMITH, *Recording Secretary*,  
 ASA HORR, *Treasurer*.

THOMAS SCOTT, J. W. FINLEY, R. I. THOMAS, *Censors*,  
 JOHN F. ELY, JNO. W. FINLEY, *Delegates to A. M. Association*

## 1855.

R. S. LEWIS, *President*,

R. I. THOMAS, *1st Vice President*,

W. G. DAVID, *2d Vice President*,

W. WATSON, *Corresponding Secretary*,

W. W. WOOLSEY, *Recording Secretary*,

ASA HORR, *Treasurer*,

ASA HORR, N. B. MATTHEWS, R. I. THOMAS, *Censors*,

J. W. FINLEY, JOHN F. ELY, *Delegates to the A. M. Association*.

## 1856.

ASA HORR, *President*,

CHAS. W. BELDEN, *1st Vice President*,

R. I. THOMAS, *2d Vice President*,

W. W. WOOLSEY, *Corresponding Secretary*,

WM. G. DAVID, *Recording Secretary*,

W. WATSON, *Treasurer*,

ASA HORR, R. I. THOMAS, N. B. MATTHEWS, *Censors*,

R. S. LEWIS, W. W. WOOLSEY, *Delegates to A. M. Association*.

## 1857.

T. O. EDWARDS, *President*,

N. B. MATTHEWS, *1st Vice President*,

W. W. WOOLSEY, *2d Vice President*,

H. MINGES, *Corresponding Secretary*,

BENJ. MCCLUER, *Recording Secretary*,

WM. WATSON, *Treasurer*,

T. O. EDWARDS, ASA HORR, CHAS. W. BELDEN, *Censors*.

ASA HORR, WM. WATSON, *Delegates to A. M. Association*.

## 1858.

R. I. THOMAS, *President*,

GEO. M. STAPLES, *1st Vice President*,

JOS. SPRAGUE, *2d Vice President*,

BENJ. MCCLUER, *Recording Secretary*,

H. MINGES, *Corresponding Secretary*,

WM. WATSON, *Treasurer*,

R. S. LEWIS, W. S. BARKER, WM. G. DAVID, *Censors*.

J. SPRAGUE, T. O. EDWARDS, *Delegates to A. M. Association*

## LIST OF THE NAMES OF THE MEMBERS.

G. W. RICHARDS, *	R. S. LEWIS,
ASA HORN,	HARRISON HOLT,
R. I. THOMAS,	F. COLEMAN SMITH, †
A. E. SMITH, of Delaware Co.,	THOS. SCOTT,
JOHN F. ELY, of Linn Co., †	W. R. McMAHAN, †
JOHN W. FINLEY,	F. ANDROS,
C. C. TOBIE,	T. L. GRAHAM,
NEWTON WYCKOFF,	EDWIN KIRKUP,
WM. WATSON,	WM. G. DAVID,
W. W. WOOLSEY, *	N. B. MATTHEWS,
C. W. BELDEN,	H. MINGES,
P. C. SAMSON,	ALFRED P. MONSON, †
GEO. M. STAPLES,	J. C. LAY,
BENJ. McCLUER,	F. H. PRATT,
EDWARD DORN,	TOM O. EDWARDS,
J. COOPER MCKEE, †	W. S. BARKER,
JOS. SPRAGUE,	CHAS. B. JENNINGS,

JOHN BAKER.

## HONORARY MEMBERS.

JOHN H. LULL,      J. THOMPSON BUCKLEY,      ADAM PHILLIPS.

The foregoing is respectfully submitted by your committee.

BENJ. McCLUER,  
J. C. LAY.

\* Deceased.    † Removed or retired from profession.

CODE OF  
MEDICAL ETHICS.

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CHAPTER I.

OF THE DUTIES OF PHYSICIANS TO THEIR PATIENTS AND OF THE OBLIGATIONS OF PATIENTS TO THEIR PHYSICIANS.

ART. I.—*Duties of Physicians to their Patients.*

1. A physician should not only be ever ready to obey the calls of the sick, but his mind ought also to be imbued with the greatness of his mission, and the responsibility he habitually incurs in its discharge. Those obligations are the more deep and enduring, because there is no tribunal other than his own conscience, to adjudge penalties for carelessness or neglect. Physicians should, therefore, minister to the sick with due impressions of the importance of their office; reflecting that the ease, the health, and the lives of those committed to their charge, depend on their skill, attention and fidelity. They should study, also, in their deportment, so as to unite tenderness with firmness, and condescension with authority, as to inspire the minds of their patients with gratitude, respect and confidence.

2. Cases committed to the charge of a physician should be treated with attention, steadiness and humanity. Reasonable indulgence should be granted to the mental imbecility and caprices of the sick. Secrecy and delicacy, when required by peculiar circumstances, should be strictly observed; and the familiar and confidential intercourse to which physicians are admitted in their professional visits, should be used with discretion, and with the most scrupulous regard to fidelity and honor. The obligation of secrecy extends beyond the period of professional services; none of the privacies of personal and domestic life, no infirmity of disposition, or flaw of character observed during professional attendance, should ever be divulged by him except when he is imperatively required to do so. The force and necessity of this obligation are indeed so great, that professional men have, under certain circumstances, been protected in their observance of secrecy, by courts of justice.

3. Frequent visits to the sick are, in general, requisite, as they enable the physician to arrive at a more perfect knowledge of the disease, to meet promptly every change which may occur, and also tend to preserve the confidence of the patient. But unnecessary visits are to be avoided, as they give useless anxiety to the patient, tend to diminish the authority of the physician, and render him liable to be suspected of interested motives.

4. A physician should not be forward to make gloomy prognostications, because they savor of empiricism, by magnifying the importance of his services in the treatment or cure of the disease. But he should not fail, on proper occasions, to give to the friends of the patient timely notice of danger, when it really occurs; and even to the patient himself, if absolutely necessary. This office, however, is so peculiarly alarming when executed by him, that it ought to be declined whenever it can be assigned to any other person of sufficient judgment and delicacy. For the physician should be the minister of hope and comfort to the sick: that by such cordials to the drooping spirit, he may smooth the bed of death, revive expiring life, and counteract the depressing influence of those maladies which often disturb the tranquility of the most resigned, in their last moments. The life of a sick person can be shortened not only by the acts, but also by the words or manner of a physician. It is, therefore, a sacred duty to guard himself carefully in this respect, and to avoid all things which have a tendency to discourage the patient, and to depress his spirits.

5. A physician ought not to abandon a patient because the case is deemed incurable; for his attendance may continue to be highly useful to the patient, and comforting to the relatives around him, even in the last period of a fatal malady, by alleviating pain and other symptoms, and by soothing mental anguish. To decline attendance, under such circumstances, would be sacrificing to fanciful delicacy and mistaken liberality, that moral duty, which is independent of, and far superior to, all pecuniary consideration.

6. Consultations should be promoted in difficult or protracted cases, as they give rise to confidence, energy, and more enlarged views in practice.

7. The opportunity which a physician not unfrequently enjoys, of promoting and strengthening the good resolutions of his patients, suffering under the consequences of vicious conduct, ought never to be neglected. His counsels, or even remonstrances, will give satisfaction, not offence, if they be proffered with politeness, and evince a genuine love of virtue, ac-

companied by a sincere interest in the welfare of the person to whom they are addressed.

*ART. 11.—Obligations of Patients to their Physicians.*

1. The members of the medical profession, upon whom are enjoined the performance of so many important and arduous duties towards the community, and who are required to make so many sacrifices of comfort, ease and health, for the welfare of those who avail themselves of their services, certainly have a right to expect and require that their patients should entertain a just sense of the duties which they owe to their medical attendants.

2. The first duty of a patient is, to select as his medical adviser, one who has received a regular professional education. In no trade or occupation do mankind rely on the skill of an untaught artist; and in medicine confessedly the most difficult and intricate of the sciences, the world ought not to suppose that knowledge is intuitive.

3. Patients should prefer a physician whose habits of life are regular, and who is not devoted to company, pleasure, or to any pursuit incompatible with his professional obligations. A patient should, also, confide the care of himself and family, as much as possible, to one physician; for a medical man who has become acquainted with the peculiarities of constitution, habits and predispositions, of those he attends, is more likely to be successful in his treatment, than one who does not possess that knowledge. A patient who has thus selected his physician, should always apply for advice in what may appear to him trivial cases, for the most fatal results often supervene on the slightest accidents. It is of still more importance that he should apply for assistance in the forming stage of violent diseases; it is to a neglect of this precept that medicine owes much of its uncertainty and imperfection with which it has been reproached.

4. Patients should faithfully and unreservedly communicate to their physician the supposed cause of their disease. This is the more important as many diseases of a mental origin stimulate those depending on external causes, and yet are only to be cured by ministering to the mind diseased. A patient should never be afraid of thus making his physician his friend and adviser; he should always bear in mind that a medical man is under the strongest obligations of secrecy. Even the female sex should never allow feelings of shame or delicacy to prevent their disclosing the seat, symptoms and causes of complaints peculiar to them. However commendable a modest reserve may be in the common occupations of life, its strict observance in medicine is often attended with the most serious

consequences, and a patient may sink under a painful and loathsome disease, which might have been readily prevented had timely intimation been given to the physician.

5. A patient should never weary his physician with a tedious detail of events or matters not appertaining to his disease. Even as relates to his actual symptoms, he will convey much more real information by giving clear answers to interrogatories, than by the most minute account of his own framing. Neither should he obtrude the details of his business nor the history of his family concerns.

6. The obedience of a patient to the prescriptions of his physician should be prompt and implicit. He should never permit his own erude opinions as to their fitness, to influence his attention to them. A failure in one particular may render an otherwise judicious treatment dangerous, and even fatal. This remark is equally applicable to diet, drink and exercise. As patients become convalescent they are very apt to suppose that the rules prescribed for them may be disregarded, and the consequence, but too often, is a relapse. Patients should never allow themselves to be persuaded to take any medicine whatever, that may be recommended to them, by the self-constituted doctors and doctresses, who are so frequently met with, and who pretend to possess infallible remedies for the cure of every disease. However simple some of their prescriptions may appear to be, it often happens that they are productive of much mischief, and in all cases they are injurious, by contravening the plan of treatment adopted by the physician.

7. A patient should, if possible, avoid even the *friendly visits of a physician* who is not attending him; and when he does receive them, he should never converse on the subject of his disease, as an observation may be made, without any intention of interference, which may destroy his confidence in the course he is pursuing, and induce him to neglect the directions prescribed to him. A patient should never send for a consulting physician without the express consent of his own medical attendant. It is of great importance that physicians should act in concert: for although their modes of treatment may be attended with equal success when employed singly, yet conjointly they are very likely to be productive of disastrous results.

8. When a patient wishes to dismiss his physician, justice and common courtesy require that he should declare his reasons for so doing.

9. Patients should always when practicable, send for their physician in the morning, before his usual hour of going out; for, by being early

aware of the visits he has to pay during the day, the physician is able to apportion his time in such a manner as to prevent an interference of engagements. Patients should also avoid calling on their medical adviser unnecessarily during the hours devoted to meals or sleep. They should always be in readiness to receive the visits of their physician, as the detention of a few minutes is often of serious inconvenience to him.

10. A patient should, after his recovery, entertain a just and enduring sense of the value of the services rendered him by his physician; for these are of such a character, that no mere pecuniary acknowledgement can cancel or repay them.

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## CHAPTER II.

### OF THE DUTIES OF PHYSICIANS TO EACH OTHER, AND THE PROFESSION AT LARGE.

#### ART. I.—*Duties for the support of professional character.*

1. Every individual, on entering the profession, as he becomes thereby entitled to all its privileges and immunities, incurs an obligation to exert his best abilities to maintain its dignity and honor, to exalt its standing, and to extend the bounds of its usefulness. He should therefore, observe strictly, such laws as are instituted for the government of its members; should avoid all contumelious and sarcastic remarks relative to the faculty as a body; and while by unwearied diligence, he resorts to every honorable means of enriching the science, he should entertain a due respect for his seniors, who have, by their labors, brought it to the elevated condition in which he finds it.

2. There is no profession, from the members of which greater purity of character, and a higher standard of moral excellence are required, than the medical; and to attain such eminence, is a duty every physician owes alike to his profession and to his patients. It is due to the latter as without it he cannot command their respect and confidence, and to both, because no scientific attainments can compensate for the want of correct moral principles. It is also incumbent upon the faculty to be temperate in all things, for the practice of physic requires the unremitting exercise of a clear and vigorous understanding; and on emergencies for which no professional man should be unprepared, a steady hand, an acute eye, and an unclouded head may be essential to the well being, and even to the life of a fellow creature.

3. It is derogatory to the dignity of the profession, to resort to public advertisements or private cards or handbills, inviting the attention of individuals affected with particular diseases—publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cases and operations in the daily prints or suffer such publications to be made—to invite laymen to be present at operations—to boast of cures and remedies—to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician.

4. Equally derogatory to professional character is it, for a physician to hold a patent for any surgical instrument, or medicine; or to dispense a secret *nostrum*, whether it be the composition or exclusive property of himself, or of others. For, if such nostrum be of real efficacy, any concealment regarding it, is inconsistent with beneficence and professional liberality; and if mystery alone give it value and importance, such craft implies either disgraceful ignorance, or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them.

*ART. II.—Professional services of physicians to each other.*

All practitioners of medicine, their wives, and their children while under the paternal care, are entitled to the gratuitous services of any one of the faculty residing near them, whose assistance may be desired. A physician, afflicted with disease, is usually an incompetent judge of his own case; and the natural anxiety and solicitude which he experiences at the sickness of a wife, a child, or any one who, by the ties of consanguinity, is rendered peculiarly dear to him, tend to obscure his judgment, and to produce timidity and irresolution in his practice. Under such circumstances, medical men are peculiarly dependent upon each other, and kind offices, and professional aid should always be cheerfully and gratuitously afforded. Visits should not, however, to be obtruded officiously; as such unasked civility may give rise to embarrassment, or interfere with that choice, on which confidence depends. But, if a distant member of the faculty, whose circumstances are affluent, requests attendance, and an honorarium be offered, it should not be declined; for no pecuniary obligation ought to be imposed, which the party receiving it would wish not to incur.

*ART. III.—Of the duties of physicians as respects vicarious offices.*

1. The affairs of life, the pursuit of health, and the various accidents and contingencies to which a medical man is so peculiarly exposed, some-

times require him temporarily to withdraw from his duties to his patients, and to request some of his professional brethren to officiate for him. Compliance with this request is an act of courtesy, which should always be performed with the utmost consideration for the interest and character of the family physician, and when exercised for a short period, all the pecuniary obligations for such service should be awarded to him. But, if a member of the profession neglects his business in quest of pleasure and amusement, he cannot be considered as entitled to the advantages of the frequent and long-continued exercise of this fraternal courtesy, without awarding to the physician who officiates the fees arising from the discharge of his professional duties.

In obstetrical and important surgical cases, which give rise to unusual fatigue, anxiety and responsibility, it is just that the fees accruing therefrom should be awarded to the physician who officiates.

*ART. IV.—Duties of physicians in regard to consultation.*

1. A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the only acknowledged right of an individual to the exercise and honors of his profession. Nevertheless, as in consultations the good of the patients is the sole object in view, and this is often dependent on personal confidence, no intelligent regular practitioner, who has a license to practice from some medical board of known and acknowledged respectability, recognized by this association, and who is in good moral and professional standing in the place in which he resides, should be fastidiously excluded from fellowship, or his aid refused in consultation when it is requested by the patient. But no one can be considered as a regular practitioner, or a fit associate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry.

2. In consultations, no rivalry or jealousy should be indulged; candour, probity, and all due respect should be exercised towards the physician having charge of the case.

3. In consultations, the attending physician should be the first to propose the necessary questions to the sick; after which the consulting physician should have the opportunity to make such farther enquiries of the patient as may be necessary to satisfy him of the true character of the case. Both physicians should then retire to a private place for deliberation; and the one first in attendance should communicate the directions agreed

upon to the patient or his friends, as well as any opinions which it may be thought proper to express. But no statement or discussion of it should take place before the patient or his friends, except in the presence of the faculty attending, and by their common consent; and no opinions or prognostications should be delivered, which are not the result of previous deliberation and concurrence.

4. In consultations, the physician in attendance should deliver his opinion first; and when there are several consulting, they should deliver their opinions in the order in which they have been called in. No decision, however, should restrain the attending physician from making such variations in the mode of treatment, as any subsequent unexpected change in the character of the case may demand. But such variation and the reasons for it ought to be carefully detailed at the next meeting in consultation. The same privilege belongs, also, to the consulting physician, if he is sent for in an emergency, when the regular attendant is out of the way, and similar explanations must be made by him, at the next consultation.

5. The utmost punctuality should be observed in the visits of physicians when they are to hold consultation together, and this is practicable, for society has been considerate enough to allow the plea of a professional engagement to take precedence of all others, and to be an ample reason for the relinquishment of any present occupation. But as professional engagements may sometimes interfere, and delay one of the parties, the physician who first arrives should wait for his associate a reasonable period, after which the consultation should be considered as postponed to a new appointment. If it be the attending physician who is present, he will, of course, see the patient and prescribe; but if it be the consulting one, he should retire, except in case of emergency, or when he has been called from a considerable distance, in which latter case he may examine the patient, and give his opinion in writing and under seal, to be delivered to his associate.

6. In consultations, theoretical discussions should be avoided, as occasioning perplexity and loss of time. For there may be much diversity of opinion concerning speculative points, with perfect agreement in those modes of practice which are founded, not on hypothesis, but on experience and observation.

7. All discussions, in consultation, should be held as secret and confidential. Neither by words nor manner should any of the parties to a consultation assert or insinuate, that any part of the treatment pursued did not receive his assent. The responsibility must be equally divided between the medical attendants—they must equally share the credit of success as well as the blame of failure.

8. Should an irreconcilable diversity of opinion occur when several physicians are called upon to consult together, the opinion of the majority should be considered as decisive; but if the numbers be equal on each side, then the decision should rest with the attending physician. It may moreover, sometimes happen, that two physicians cannot agree in their views of the nature of a case, and the treatment to be pursued. This is a circumstance much to be deplored, and should always be avoided, if possible, by mutual concessions, as far as they can be justified by a conscientious regard for the dictates of judgment. But, in the event of its occurrence, a third physician should, if practicable, be called to act as umpire, and if circumstances prevent the adoption of this course, it must be left to the patient to select the physician in whom he is most willing to confide. But as every physician relies upon the rectitude of his judgment, he should when left in the minority, politely and consistently retire from any further deliberation in the consultation, or participation in the management of the case.

9. As circumstances sometimes occur to render a special consultation desirable, when the continued attendance of two physicians might be objectionable to the patient, the member of the faculty whose assistance is required in such cases, should sedulously guard against all future unsolicited attendance. As such consultations require an extraordinary portion both of time and attention, at least a double honorarium may be reasonably expected.

10. A physician who is called upon to consult, should observe the most honorable and scrupulous regard for the character and standing of the practitioner in attendance; the practice of the latter, if necessary, should be justified as far as it can be, consistently with a conscientious regard for truth, and no hint or insinuation should be thrown out, which could impair the confidence reposed in him, or affect his reputation. The consulting physician should also carefully refrain from any of those extraordinary attentions or assiduities, which are too often practiced by the dishonest for the base purpose of gaining applause, or ingratiating themselves into the favor of families and individuals.

*ART. V.—Duties of physicians in cases of interference.*

1. Medicine is a liberal profession, and those admitted into its ranks should found their expectations of practice upon the extent of their qualifications, not on intrigue or artifice.

2. A physician, in his intercourse with a patient under the care of another practitioner, should observe the strictest caution and reserve. No

meddling inquiries should be made; no disingenuous hints given relative to the nature and treatment of his disorder; nor any course of conduct pursued that may directly or indirectly tend to diminish the trust reposed in the physician employed.

3. The same circumspection and reserve should be observed, when, from motives of business or friendship, a physician is prompted to visit an individual who is under the direction of another practitioner. Indeed, such visits should be avoided, except under peculiar circumstances, and when they are made, no particular inquiries should be instituted relative to the nature of the disease, or the remedies employed, but the topics of conversation should be as foreign to the case as circumstances will admit.

4. A physician ought not to take charge of, or prescribe for a patient who has recently been under the care of another member of the faculty in the same illness, except in cases of sudden emergency, or in consultation with the physician previously in attendance, or when the latter has relinquished the case or been regularly notified that his services are no longer desired. Under such circumstances, no unjust and illiberal insinuations should be thrown out in relation to the conduct or practice previously pursued, which should be justified as far as candor, and regard for truth and probity will permit; for it often happens, that patients become dissatisfied when they do not experience immediate relief, and, as many diseases as naturally protracted, the want of success, in the first stage of treatment, affords no evidence of a lack of professional knowledge and skill.

5. When a physician is called to an urgent case, because the family attendant is not at hand, he ought, unless his assistance in consultation be desired, to resign the care of the patient to the latter immediately on his arrival.

6. It often happens, in cases of sudden illness, or of recent accidents and injuries, owing to the alarm and anxiety of friends, that a number of physicians are simultaneously sent for. Under these circumstances, courtesy should assign the patient to the first who arrives, who should select from those present, any additional assistance that he may deem necessary. In all such cases, however, the practitioner who officiates, should request the family physician, if there be one, to be called, and, unless his further attendance be requested, should resign the case to the latter on his arrival.

7. When a physician is called to the patient of another practitioner, in consequence of the sickness or absence of the latter, he ought, on the return or recovery of the regular attendant, and with the consent of the patient, to surrender the case.

8. A physician, when visiting a sick person in the country, may be desired to see a neighboring patient who is under the regular direction of another physician, in consequence of some sudden change or aggravation of symptoms. The conduct to be pursued on such an occasion is to give advice adapted to present circumstances; to interfere no farther than is absolutely necessary with the general plan of treatment; to assume no future direction, unless it be expressly desired, and in this last case, to request an immediate consultation with the practitioner previously employed.

9. A wealthy physician should not give advice *gratis* to the affluent; because his doing so is an injury to his professional brethren. The office of a physician can never be supported as an exclusively beneficial one; and it is defrauding, in some degree, the common funds for its support, when fees are dispensed with, which might justly be claimed.

10. When a physician, who has been engaged to attend a case of midwifery, is absent, and another is sent for, if delivery is accomplished during the attendance of the latter, he is entitled to the fee, but should resign the patient to the practitioner first engaged.

ART. VI.—*Of differences between physicians.*

1. Diversity of opinion, and opposition of interest, may, in the medical, as in other professions, sometimes occasion controversy and even contention. Whenever such cases unfortunately occur, and cannot be immediately terminated, they should be referred to the arbitration of a sufficient number of physicians, or a *court medical*.

As peculiar reserve must be maintained by physicians towards the public, in regard to professional matters, and as there exist numerous points in medical ethics and etiquette through which the feelings of medical men may be painfully assailed in their intercourse with each other, and which cannot be understood or appreciated by general society, neither the subject matter of such differences nor the adjudication of the arbitrators should be made public, as publicity in a case of this nature may be personally injurious to the individuals concerned, and can hardly fail to bring discredit on the faculty.

ART. VII.—*Of pecuniary acknowledgments.*

1. Some general rules should be adopted by the faculty, in every town or district, relative to *pecuniary acknowledgments* from their patients; and it should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances will admit.

## CHAPTER III.

OF THE DUTIES OF THE PROFESSION TO THE PUBLIC, AND OF THE OBLIGATIONS  
OF THE PUBLIC TO THE PROFESSION.

ART. I.—*Duties of the Profession to the Public.*

1. As good citizens, it is the duty of physicians to be ever vigilant for the welfare of the community, and to bear their part in sustaining its institutions and burdens. They should also be ever ready to give counsel to the public in relation to matters especially appertaining to their profession, as on subjects of medical police, public hygiene, legal medicine. It is their province to enlighten the public in regard to quarantine regulations—the locations, arrangements, and dietaries of hospitals, asylums, schools, prisons, and similar institutions—in relation to the medical police of towns, as drainage, ventilation, &c.—and in regard to measures for the prevention of epidemic and contagious diseases; and when pestilence prevails, it is their duty to face the danger, and to continue their labors for the alleviation of the suffering, even at the jeopardy of their own lives.

2. Medical men should also be always ready, when called upon by the legally constituted authorities, to enlighten coroners' inquests and courts of justice, on subjects strictly medical—such as involve questions relating to sanity, legitimacy, murder by poisons or other violent means, and in regard to the various other subjects embraced in the science of medical jurisprudence. But in these cases, especially where they are required to make a post-mortem examination, it is just, in consequence of the time, labor, and skill required, and the responsibility and risk incur, that the public should award them a proper honorarium.

3. There is no profession, by the members of which eleemosynary services are more liberally dispensed, than the medical, but justice requires that some limits should be placed to the performance of such good offices. Poverty, professional brotherhood, and certain public duties referred to in section 1 of this chapter, should always be recognized as presenting valid claims for gratuitous services; but neither institutions endowed by the public or by rich individuals, societies for mutual benefit, for the insurance of lives or for analogous purposes, nor any profession or occupation, can be admitted to possess such privilege. Nor can it be justly expected of physicians to furnish certificates of inability to serve on juries, to perform militia duty, or to testify to the state of health of persons wishing to insure their lives, obtain pensions, or the like, without a pecuniary acknowledgment. But to individuals in indigent circumstances, such professional services should always be cheerfully and freely accorded.

4. It is the duty of physicians, who are frequent witnesses of the enormities committed by quackery, and the injury to health and even destruction of life caused by the use of quack medicines, to enlighten the public on these subjects, to expose the injuries sustained by the unwary from the devices and pretensions of artful empirics and imposters. Physicians ought to use all the influence which they may possess, as professors in Colleges of Pharmacy, and by exercising their option in regard to the shops to which their prescriptions shall be sent, to discourage druggists and apothecaries from vending quack or secret medicines, or from being in any way engaged in their manufacture and sale.

*ART. II.—Obligations of the Public to Physicians.*

1. The benefits accruing to the public directly and indirectly from the active and unwearied beneficence of the profession, are so numerous and important, that physicians are justly entitled to the utmost consideration and respect from the community. The public ought likewise to entertain a just appreciation of medical qualifications; to make a proper discrimination between true science and the assumption of ignorance and empiricism—to afford every encouragement and facility for the acquisition of medical education,—and no longer to allow the statute books to exhibit the anomaly of exacting knowledge from physicians, under liability to heavy penalties and of making them obnoxious to punishment for resorting to the only means of obtaining it.